

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09941154

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3124					
TOTAL DEP.	7046					
TOTAL CLAIMS	101					

	★		★	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09941154

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		/				
5		/				
6	/					
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13	/					
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23	/					
24		/				
25		/				
26		/				
27	/					
28	/					
29	/	/				
30	/					
31		/				
32		/				
33	/					
34		/				
35		/				
36		/				
37	/					
38		/				
39	/					
40	/					
41		/				
42		/				
43	/					
44		/				
45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*	
	IND.	DEP.	IND.	D
51	/			
52		/		
53		/		
54		/		
55		/		
56	/			
57	/			
58		/		
59		/		
60	/			
61	/			
62	/			
63	/			
64		/		
65		/		
66		/		
67	/			
68		/		
69		/		
70		/		
71		/		
72		/		
73		/		
74		/		
75		/		
76		/		
77		/		
78		/		
79	/	/		
80	/	/		
81	/			
82	/			
83		/		
84		/		
85		/		
86		/		
87		/		
88	/			
89	/			
90		/		
91		/		
92		/		
93		/		
94		/		
95	/			
96		/		
97		/		
98		/		
99	/			
100		/		
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS